

**CALIFORNIA STATE FIRE MARSHAL
FIRE EXTINGUISHER CONCERN
SERVICE VEHICLE VERIFICATION**



VEHICLE 1:

Year/Make/Model:
VIN #:
License #: _____ Exp: _____
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

VEHICLE 2:

Year/Make/Model:
VIN #:
License #: _____ Exp: _____
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

VEHICLE 3:

Year/Make/Model:
VIN #:
License #: _____ Exp: _____
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

VEHICLE 4:

Year/Make/Model:
VIN #:
License #: _____ Exp: _____
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

Applicant Signature: _____

VEHICLE 5:

Year/Make/Model:
VIN #:
License #: _____ Exp: _____
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

VEHICLE 6:

Year/Make/Model:
VIN #:
License #: _____ Exp: _____
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

VEHICLE 7:

Year/Make/Model:
VIN #:
License #: _____ Exp: _____
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

VEHICLE 8:

Year/Make/Model:
VIN #:
License #: _____ Exp: _____
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

Date: _____